

**In The Matter Of:**  
*JOHN AND MARTHA RUFFINO v.*  
*DR. CLARK ARCHER and HCA HEALTH SERVICES OF TN, et al.*

---

*ROBERT BROMLEY, RN*  
*November 29, 2017*

---

*CARISSA L. BOONE, LCR, RPR*  
*1209 Pine Street, Unit 409*  
*Nashville, Tennessee 37213*  
*615.243.1025*  
*Carissaboone@gmail.com*

Original File 11 29 17 Bromley (D).txt  
Min-U-Script® with Word Index

Page 1		Page 3	
IN THE UNITED STATES DISTRICT COURT MIDDLE DISTRICT OF TENNESSEE NASHVILLE DIVISION		I N D E X Page/Line	
JOHN RUFFINO and MARTHA ) RUFFINO, Husband and Wife, ) ) Plaintiffs, ) ) vs. ) CASE NO. ) 3:17-CV-00725 DR. CLARK ARCHER and HCA ) HEALTH SERVICES OF ) TENNESSEE, INC., d/b/a ) STONECREST MEDICAL CENTER, ) ) Defendants. ) _____ )		THE WITNESS: ROBERT BROMLEY, RN  EXAMINATION BY MR. CUMMINGS 5 4 EXAMINATION BY MR. WITT 129 16 EXAMINATION BY MR. CUMMINGS 130 12	
		INDEX OF EXHIBITS	
		Exhibits	Description Page/Line
		None.	
		1	
		2	
DEPOSITION OF:  ROBERT BROMLEY, RN  Taken on behalf of the Plaintiffs  November 29, 2017			

Page 2		Page 4	
1 APPEARANCES: 2 For the Plaintiffs: 3 BRIAN CUMMINGS, ESQ. 4 Cummings Manookian, PLC 5 102 Woodmont Boulevard 6 Suite 241 7 Nashville, Tennessee 37205 8 615.266.3333 9 Bcummings@cummingsmanookian.com 7 For the Defendant HCA Health Services of Tennessee, Inc. and StoneCrest Medical 8 Center: 9 J. BLAKE CARTER, ESQ. 10 Gideon, Cooper & Essary, PLC 11 315 Deaderick Street 12 Suite 1100 13 Nashville, Tennessee 37238 14 615.254.0400 15 Blake@gideoncooper.com 13 For the Defendant Clark Archer, M.D.: 14 BRYANT C. WITT, ESQ. 15 Hall Booth Smith, PC 16 424 Church Street 17 Suite 2950 18 Nashville, Tennessee 37219 19 615.313.9911 20 Bwitt@hallboothsmith.com 21 22 23 24 25		1 The deposition of ROBERT BROMLEY, 2 RN, was taken by counsel for the Plaintiffs, 3 on November 29, 2017, commencing at 4 9:24 a.m., in the offices of Gideon, Cooper & 5 Essary, PLC, 315 Deaderick Street, Suite 6 1100, Nashville, Tennessee, for all purposes 7 under the Tennessee Rules of Civil 8 Procedure. 9 The formalities as to notice, 10 caption, certificate, et cetera, are not 11 waived. All objections, except as to the 12 form of the questions, are reserved to the 13 hearing. 14 It is agreed that Carissa L. 15 Boone, being a Notary Public and Court 16 Reporter, may swear the witness, and that the 17 reading and signing of the completed 18 deposition by the witness are not waived. 19 20 21 * * * 22 23 24 25	

<p style="text-align: right;">Page 13</p> <p>1 filed?</p> <p>2 A. That there's been a lawsuit filed.</p> <p>3 And I did not remember his name, but when</p> <p>4 they brought up the situation, yes, I</p> <p>5 remembered.</p> <p>6 Q. What did you remember about</p> <p>7 Mr. Ruffino's situation when you heard there</p> <p>8 was a lawsuit but yet hadn't reviewed the</p> <p>9 records again?</p> <p>10 A. I remembered the room he was in. I</p> <p>11 remembered the situation of him coming in by</p> <p>12 ambulance and giving him food.</p> <p>13 Q. Before you reviewed Mr. Ruffino's</p> <p>14 records again, is there anything else you</p> <p>15 remembered about him?</p> <p>16 A. I remember he was driving, and they</p> <p>17 picked him up and brought him in from the</p> <p>18 side of the road. That was unusual because</p> <p>19 normally they have to go to a house to pick</p> <p>20 people up. I can't remember anything else at</p> <p>21 this time.</p> <p>22 Q. After you learned there was a lawsuit</p> <p>23 and before today, did you review</p> <p>24 Mr. Ruffino's ER records?</p> <p>25 A. No.</p>	<p style="text-align: right;">Page 15</p> <p>1 And that's the way it's been going. But I</p> <p>2 can't remember more if we don't bring up</p> <p>3 things that have happened. Does that make</p> <p>4 sense?</p> <p>5 Q. It absolutely does.</p> <p>6 As an ER nurse, have you seen patients</p> <p>7 who presented with stroke-like symptoms?</p> <p>8 A. Yes.</p> <p>9 Q. As an ER nurse, have you done</p> <p>10 neurological checks of patients at certain</p> <p>11 time intervals?</p> <p>12 A. Yes.</p> <p>13 Q. In February 2016, do you believe you</p> <p>14 were familiar with what types of signs or</p> <p>15 symptoms could exist that might indicate a</p> <p>16 patient was in the midst of a new stroke?</p> <p>17 A. Yes.</p> <p>18 Q. In February 2016, what were the signs</p> <p>19 and symptoms you knew a patient might have</p> <p>20 that could indicate they were in the midst of</p> <p>21 a stroke or recently had a new stroke?</p> <p>22 A. There are a lot of -- of them. The</p> <p>23 main one that I would look for is facial</p> <p>24 droop or unable to use a whole side of their</p> <p>25 body. Those are the top two that I would</p>
<p style="text-align: right;">Page 14</p> <p>1 Q. Okay. That might then eliminate</p> <p>2 anything you might say to my next question.</p> <p>3 But after you learned there was a lawsuit and</p> <p>4 when you either talked to anybody or reviewed</p> <p>5 records, did you remember more about</p> <p>6 Mr. Ruffino because something got triggered?</p> <p>7 A. Yes.</p> <p>8 Q. Tell me what you remember about</p> <p>9 Mr. Ruffino that's not in the records, other</p> <p>10 than that he came to the ER by ambulance,</p> <p>11 that you gave him food, and that he was</p> <p>12 driving before he was brought to the ER.</p> <p>13 A. You want to know what I remember after</p> <p>14 I started talking to Blake?</p> <p>15 Q. Yes. Well, what I'm trying to do is</p> <p>16 get, if it can be put in a box so to speak,</p> <p>17 what Mr. Bromley remembers, because we know</p> <p>18 what the records say. And I'm still going to</p> <p>19 cover the records. But sometimes there's</p> <p>20 documentation about things and people who</p> <p>21 were involved have memories, and for whatever</p> <p>22 reason, their memories add to the information</p> <p>23 that's in the records. So I'm trying to just</p> <p>24 learn what that memory list is at this point.</p> <p>25 A. Maybe as we talk, I'll remember more.</p>	<p style="text-align: right;">Page 16</p> <p>1 think stroke.</p> <p>2 Q. Sure. Would slurred speech be</p> <p>3 something that you knew in February 2016</p> <p>4 could be indicative that someone was in the</p> <p>5 midst of a stroke or recently had a new</p> <p>6 stroke?</p> <p>7 A. It -- it could be, but there's other</p> <p>8 things that that could be involved with.</p> <p>9 Q. Sure. Understood. I'm not trying to</p> <p>10 ask it in a way or have you say something in</p> <p>11 a way that if X exists, it can only be due to</p> <p>12 a stroke and has to mean there's a stroke,</p> <p>13 okay?</p> <p>14 A. Yes.</p> <p>15 Q. Just so you know where my questions</p> <p>16 are coming from.</p> <p>17 In February 2016, what did you</p> <p>18 understand was the requirement at StoneCrest</p> <p>19 that applied to you with regards to how</p> <p>20 timely your documentation about a patient had</p> <p>21 to be?</p> <p>22 A. Can you repeat that one more time?</p> <p>23 Q. Absolutely. It's going to sound</p> <p>24 different --</p> <p>25 A. Yeah.</p>

<p style="text-align: right;">Page 53</p> <p>1 the way to work," that's what you're talking 2 about, right? 3 Q. No. 4 A. Okay. I'm sorry. 5 Q. I'm only asking you about the one line 6 in this note you made where it says: "Onset 7 of Current Episode: Less than one hour ago." 8 A. Right. I see that. 9 Q. When you -- 10 A. "Intermittent," right? 11 Q. No, no, no. 12 A. Are you talking about -- 13 Q. Just on -- 14 A. -- "less than an hour ago"? 15 Q. Yeah. If you could draw a horizontal 16 line, I'm only on the line that says: "Onset 17 of Current Episode: Less than one hour ago." 18 A. Right. 19 Q. Okay. 20 A. I'm not -- I'm only doing that one. 21 Q. That's in your note? 22 A. It is. 23 Q. And it's a note you made when you had 24 time to make it? 25 A. At 12:30, right.</p>	<p style="text-align: right;">Page 55</p> <p>1 Q. -- the onset of the episode you saw at 2 that time had started less than one hour 3 before 10:00 a.m., correct? 4 A. Yes. Yes. And that's a long way to 5 get to where we're at. 6 Q. If you turn the page to Page 12, do 7 you see that it's a continuation of the same 8 note? 9 A. "Level of Consciousness," it starts 10 with -- is where you're at? 11 Q. Correct. 12 A. Okay. 13 Q. But that it's the same note, including 14 because there's no new recorded time? 15 A. It's the same thing before you hit 16 Enter. 17 Q. All right. 18 A. It keeps going down through there. 19 Q. The portion of your 12:29 note that 20 started on Page 11 but we're at on Page 12 21 now, do you agree that every neurological 22 item you documented about was normal as of 23 10:00 a.m.? 24 A. Yes, sir. 25 Q. Okay. If Mr. Ruffino had any abnormal</p>
<p style="text-align: right;">Page 54</p> <p>1 Q. Is the information where it says "less 2 than one hour ago," was that accurate when 3 you made this note? 4 A. No. 5 Q. Where within one hour of 10:00 a.m. is 6 when that episode had its onset? 7 A. Okay. So let me get -- make sure 8 we're correct here. So you're saying this 9 "less than one hour ago," what time would 10 that be? I'm thinking it would be around 11 9:00 a.m. -- 12 Q. Okay. 13 A. -- okay? So that's what I'm thinking. 14 Not 12:2- -- on using the 12:29 time. 15 Q. I'm totally with you. 16 A. Okay. So I think that's where we were 17 confused. 18 Q. Okay. So I -- 19 A. Or I was confused. 20 Q. That's okay. When you made this note 21 at 12:29, part of what you were trying to 22 document and document accurately is you 23 thought that when you saw the patient at 24 10:00 a.m. -- 25 A. Uh-huh.</p>	<p style="text-align: right;">Page 56</p> <p>1 neurological signs or symptoms at 10:00 a.m., 2 would you have documented it in this note? 3 A. Yes, at 10:00. When I saw him at 4 10:00 a.m., yes. 5 Q. Right. 6 A. And, you know, there may be a place to 7 say "no" or "yes," but if something like that 8 happens, it's something that would probably 9 go in all caps. You know what I mean? That 10 I would type in saying what happened. 11 Q. Okay. I want to look at the next 12 note. It's on Page 12, left-hand column, 13 where at 12:29, you entered a note about 14 something that happened at 10:08. Do you see 15 that? 16 A. The same column over here? 17 Q. Yes, sir. 18 A. 12:2- -- yeah, at 10:08, uh-huh. 19 Q. Okay. And is this a Swallowing 20 Screens Assessment that you did around 10:08 21 that day? 22 A. Yes, sir. 23 Q. And the second line in that note says: 24 "Acute stroke/neurological DX" -- and that 25 means diagnosis, correct?</p>

<p style="text-align: right;">Page 57</p> <p>1 A. Yes, sir. 2 Q. And you put the capital letter "N" 3 there, right? 4 A. Yes, sir. 5 Q. Does that mean that at 10:08 on 6 February 17, 2016, from a nursing 7 perspective, you did not think the patient 8 had an acute stroke or any neurological 9 diagnosis? 10 A. By this, yes. 11 Q. Okay. When you say "by this, yes," 12 this is your note, correct? 13 A. It is my note. 14 Q. And it's a note that, per what you've 15 told us, you made those notes when you had 16 time to? 17 A. Yes. 18 Q. Okay. 19 A. But -- at this time, yes. 20 Q. Okay. 21 A. You know, you have to understand that 22 I've gone through all this other -- I know so 23 much more now. It's just hard to think back 24 about what I was doing then and what I know 25 now.</p>	<p style="text-align: right;">Page 59</p> <p>1 Q. Why was there -- 2 A. Six hours? 3 Q. Well -- 4 A. Eight hours? 5 Q. -- there's five hours and 46 minutes, 6 but we're looking at the same thing. Why was 7 there almost a six-hour difference between 8 when the event occurred that's in this note 9 and when you had time to make the note? 10 A. I was indisposed, I assume. Drawing 11 blood, taking care of another sick patient. 12 I don't know what I was doing at the time for 13 those other hours. 14 Q. Okay. When you were in the chart at 15 12:29 making the 10:08 entry -- note about 16 10:08 we just looked at above -- do you see 17 that? 18 A. Yeah, the 10:08/12:29, yeah. 19 Q. Right. That -- 20 A. Yeah, this is the one same one at the 21 lower.... 22 Q. Right. Could you also at 12:29 have 23 documented this 10:15 Vertigo/Dizziness 24 Assessment or reassessment? 25 A. Well, this is a swallow screen,</p>
<p style="text-align: right;">Page 58</p> <p>1 Q. Okay. 2 A. Does that make sense? 3 Q. Sure. 4 A. All right. 5 Q. This same note where there's a 6 category "Facial Weakness/Slurred Speech," do 7 you see that? 8 A. Facial -- yes. 9 Q. And it -- you put the capital letter 10 "N" there, which means no, correct? 11 A. Yes, sir. 12 Q. Do you agree that this note, to the 13 extent it makes any references to a 14 neurological sign, symptom or condition, 15 documents that all of those things were 16 completely normal at 10:08 a.m. that day? 17 A. Yes. 18 Q. Okay. Below that there's a note made 19 at 1601 by you referring to events at 10:15. 20 Do you see that? 21 A. Yes. 22 Q. And that note starts at the bottom 23 left column of Page 12 and continues to the 24 right column, correct? 25 A. Yes, sir.</p>	<p style="text-align: right;">Page 60</p> <p>1 though. Oh, that's done up there. I guess 2 this one is down here. Things happen pretty 3 fast. I mean, if you're sitting there and -- 4 I feel like I'm talking too much. 5 But you're saying -- asking me why it 6 took six hours to do this. If you're sitting 7 there and an ambulance comes in -- and I've 8 already said that I didn't think he was, you 9 know, a high priority here, evidently, by him 10 not having a stroke. 11 Q. Right. 12 A. And another one -- so another 13 ambulance comes in that you haven't seen even 14 yet, and you're the only one at the desk, and 15 maybe it's your room, maybe it's not your 16 room, then you have to go to the next 17 patient. And it may take a while to get a 18 patient done, then something else happens. 19 So you can't just keep charting. You have to 20 get off, press Enter, click out with your 21 little badge and take off. So it -- it's 22 pretty important that you get the next 23 patient first before you do charting. 24 Q. Okay. Staying on Page 12, see the 25 Swallowing Screening Assessment --</p>

<p style="text-align: right;">Page 61</p> <p>1 A. Uh-huh. 2 Q. -- that you documented at 12:29 as 3 done at 10:08? 4 A. Yes, sir. 5 Q. Do you agree that if you're in the 6 chart at 12:29 to make that note, that meant 7 you had the time to be in the chart then, or 8 were you neglecting patient care? 9 A. His -- this patient? 10 Q. Anybody's. Were you in the chart and 11 ignoring ambulances and patients and codes? 12 A. No, I wasn't ignoring -- 13 Q. Okay. 14 A. -- anything. 15 Q. I don't think so. Right. You're 16 making that note at 12:29 because you had 17 time to make it, right? 18 A. Yes, sir. Yes, sir. 19 Q. If you had time to make the Swallowing 20 Screening Assessment note at 12:29, why was 21 it not until 1601 that you made the 22 Vertigo/Dizziness Assessment note below that 23 that you documented you had done by 10:15? 24 A. Oh, you're saying I was in the room at 25 10:15. You know, I may have mistimed there</p>	<p style="text-align: right;">Page 63</p> <p>1 stay on the computer while there's another 2 ambulance -- I don't know what kind of 3 ambulance it was. But you just can't let the 4 ambulance sit there. 5 Q. Okay. Do you remember another 6 ambulance coming that day that you're 7 thinking of? 8 A. No, sir. 9 Q. Okay. Going back to your comment that 10 you may have mistimed the 10:15 reference in 11 your 1601 note, how far off could that 12 mistiming be? 13 A. I don't know that it was. 14 Q. Okay. 15 A. I was just trying to answer your 16 question. I thought we were on a different 17 answer. 18 Q. That's okay. Do you know whether the 19 1601 time that you made the Vertigo/Dizziness 20 Reassessment note was after the patient had 21 been diagnosed with a stroke? 22 A. I don't recall when or if he was 23 diagnosed with a stroke. I didn't -- I don't 24 know. 25 Q. Okay. I want to ask you about some of</p>
<p style="text-align: right;">Page 62</p> <p>1 at 10:15, but I definitely did this 2 assessment here. 3 MR. CARTER: You guys -- you guys 4 are missing each other. He's asking you if 5 you were documenting the 10:08 assessment at 6 12:29, how come you didn't document the 10:15 7 assessment also at 12:29? That's all he 8 wants to know. 9 THE WITNESS: Oh, because I was 10 doing something else. I had to go and do 11 something. I couldn't just stay there and 12 chart. 13 BY MR. CUMMINGS: 14 Q. Okay. So at -- 15 A. Something else happened. 16 Q. -- at 12:29, somehow you decided you'd 17 document the Swallowing Screening Assessment 18 that had already occurred, but wait to 19 document the Vertigo/Dizziness Reassessment 20 that had already occurred? 21 A. Yes, sir. 22 Q. Okay. 23 A. I did it all while I was in the room. 24 Q. Okay. 25 A. Just -- I couldn't just stay there and</p>	<p style="text-align: right;">Page 64</p> <p>1 the entries in this 1601 note. 2 A. Okay. 3 Q. Where it says: "Ongoing Signs and 4 Symptoms: Dizziness," do you see that? 5 A. Uh-huh. 6 Q. Did you type that word or was it 7 auto-populated? 8 A. That auto-populates because that's 9 what he's there for. 10 Q. Okay. Did you type anything in the 11 1601 note about what you reportedly saw at 12 10:15 that is any kind of neurologic 13 abnormality? 14 A. I don't see anything in the -- no, 15 sir. 16 Q. Okay. Your next note -- and by 17 "next," I mean it's right-hand column on the 18 same page -- is a 10:57 note referencing a 19 10:52 encounter. Do you see that? 20 A. Yes, sir. 21 Q. And so this note, you made within five 22 minutes of the event in question. Do you 23 agree with my math? 24 A. Yes, sir. 25 Q. Okay. Does that indicate to you that</p>



<p style="text-align: right;">Page 73</p> <p>1 Q. So at 12:29 when you're in the chart 2 making other entries we looked at, did you 3 just forget to document what's in this 1603 4 note that had already occurred by 10:00 a.m.? 5 A. This is a totally different screen. 6 You got to go to a different place in 7 MEDITECH to find this. 8 Q. Okay. 9 A. Yes, that's correct. 10 Q. Okay. By February 2016, you had 11 worked in the StoneCrest ER for five years? 12 A. Yes, sir. 13 Q. Okay. Were you a novice with MEDITECH 14 on February 17th, 2016? 15 A. With this particular dizziness/vertigo 16 diagnosis that MEDITECH makes for you, yes. 17 Q. Okay. The dizziness/vertigo diagnosis 18 in the chart during your involvement was made 19 by MEDITECH? 20 A. Was made by -- Carol picks a 21 diagnosis. 22 Q. Right. 23 A. You have to pick one. 24 Q. Carol, who's not a doctor, right? 25 A. Yes.</p>	<p style="text-align: right;">Page 75</p> <p>1 (indicating)? 2 Q. Yes, sir. And first of all, what is 3 the 1603 entry? Is it a neuro check? 4 A. It is a neuro check. 5 Q. Okay. Why were you doing a neuro 6 check at 10:00 a.m. on a patient you didn't 7 think was a stroke patient? 8 A. At 1603, Dr. Raad had come to me and 9 -- or I think it may have been before 1603. 10 I don't know exactly when it was. Dr. Raad 11 had come and said that he wanted to rule out 12 a stroke. Or -- or something to that extent. 13 And that's why I started doing this protocol 14 thing. 15 Q. At what time do you think Dr. Raad 16 asked you to do neuro checks? 17 A. I don't remember what time it was. 18 Q. In your experience when a physician 19 asks that neuro checks be done, is there 20 usually a corresponding order? 21 A. Usually there is a corresponding 22 order, yes, sir. 23 Q. And -- 24 A. In the chart, yes, sir. 25 Q. Okay. And let's look at Page 43 of</p>
<p style="text-align: right;">Page 74</p> <p>1 Q. And MEDITECH is not a doctor, correct? 2 A. Yes. 3 Q. So by 10:00 or 11:00 or 12:00 -- 4 10:00 a.m., 11:00 a.m. or 12:00 p.m. on 5 February 17th, do you have any reason to 6 think a doctor at StoneCrest had diagnosed 7 this patient with vertigo or dizziness? 8 A. I don't recall that, no. 9 Q. Okay. And nurses can't make medical 10 diagnoses, correct? 11 A. Yes, sir. 12 Q. And software programs can't make 13 medical diagnoses, correct? 14 A. Yes, sir. 15 Q. If we stay on Page 15 and look at this 16 1603 entry, do you agree that every 17 neurological item documented there is 18 documented by you to be perfectly normal? 19 A. We're still on Page 15? 20 Q. Yep. 21 A. Other than his blood pressure being a 22 little elevated, everything's normal. 23 Q. Okay. Do you think -- oh, I missed 24 you. I'm talking about the 1603 entry, okay? 25 A. So just this one right here</p>	<p style="text-align: right;">Page 76</p> <p>1 this chart. Just let me know when you get 2 there. 3 A. Yes, sir. I'm there. 4 Q. Okay. Do you see in the middle of 5 Page 43, there's an order for neuro checks 6 that's documented? 7 A. In the middle? 8 Q. Yes, sir. 9 A. "Order. Enter room." 10 MR. CARTER: (Indicating.) 11 THE WITNESS: All right. You got 12 to understand. I don't see this. This is 13 not something I see. 14 BY MR. CUMMINGS: 15 Q. Understood. 16 A. So where does it say "Order" -- "Order 17 Number, Update, Time, 2/17." I guess it's 18 1414, 2/17/16. 19 Q. I was going to get to that. But do 20 you at least see that this somehow documents 21 about a Neurological Check Order given on 22 February 17th, 2016 about Mr. Ruffino? 23 A. Neurological check frequency with the 24 vital signs, yes, sir, I see that. 25 Q. You lost me when you just mentioned</p>

<p style="text-align: right;">Page 77</p> <p>1 vital signs. 2 A. Well -- 3 Q. Oh, I see where -- 4 A. -- it's down there -- 5 Q. Right. But where -- in the upper 6 portion of this middle-of-the-page entry, do 7 you see where it says: "Neurological Check" 8 under Procedure Name? 9 A. Yes, sir. 10 Q. Okay. And you see, if you carry that 11 line out to the right horizontally, the time 12 is 1414? 13 A. Yes, sir. 14 Q. Which is four hours and 14 minutes 15 after 10:00 in the morning, correct? 16 A. Yes, sir. 17 Q. If this is the only order about 18 neurological checks and you don't own a time 19 machine, why were you doing a neuro check at 20 10:00 a.m. if the order for neuro checks 21 wasn't issued for four hours later? 22 MR. CARTER: Object to the form. 23 You can answer. 24 THE WITNESS: I was in the room 25 with him.</p>	<p style="text-align: right;">Page 79</p> <p>1 Q. -- and you then chose to document what 2 you think the patient's neurological status 3 was at those earlier points in time? 4 A. I'm sorry. Can you back up a little 5 bit? I missed the first part. 6 Q. Sure. Is what you think happened with 7 regards to the neuro checks you documented 8 from 1600 hours after, when you made the 9 notes, that is, that a doctor issued an order 10 for neuro checks after 1400 hours that day, 11 you learned of the order, and for whatever 12 reason, decided to go back and document what 13 you thought the patient's neurological status 14 had been at 10:00, 10:15, 10:30, 10:45, 11:00 15 and 12:00 even though you hadn't documented 16 it around that time? 17 A. Yes, that's why I went back and 18 documented. 19 Q. Okay. Do you agree you were not 20 actually doing neuro checks at 10:00 or 10:15 21 or 10:30, but instead went and documented 22 once you saw an order what you thought those 23 checks would have led to because you were in 24 the room around that time? 25 A. No.</p>
<p style="text-align: right;">Page 78</p> <p>1 BY MR. CUMMINGS: 2 Q. Okay. 3 A. I was able to see that he wasn't 4 slurred speech. I know he wasn't slurred 5 speech. He was moving his arms, moving his 6 legs. At one point he got up and walked to 7 the bathroom, changed his clothes. I could 8 do a neuro check by that. I talked to him. 9 Q. Right. 10 A. I can do neuro checks by that. 11 Q. Do you agree this neuro check order is 12 being documented as being given by 13 Dr. Archer? 14 A. "ARCTL" is Dr. Archer. 15 Q. Okay. And Dr. Archer, to your 16 knowledge and memory, was not involved in the 17 patient's care before noon that day, correct? 18 A. Archer was not there when he got 19 there. I know that for sure. 20 Q. Okay. Is what happened with the neuro 21 checks you documented, that at 10:00 or 10:15 22 or 10:30, 10:45, 11:00 or noon, there wasn't 23 an order for neuro checks, but one was issued 24 later -- 25 A. Uh-huh.</p>	<p style="text-align: right;">Page 80</p> <p>1 Q. Okay. 2 A. I -- I think what I did was 3 appropriate. 4 Q. Did you do neuro checks at 10:00, 5 10:15, 10:30, 10:45, 11:00 and 12:00 for this 6 patient? 7 A. Yes. 8 Q. If this patient was not a stroke 9 patient and you did not have an order at that 10 time to do those neuro checks that way and 11 there hadn't been a Code Stroke called by a 12 doctor, why were you doing neuro checks at 13 those times in those intervals? 14 A. I think we're getting confused on 15 neuro checks. I documented him able to do 16 those things because I saw him up in the 17 room, walking around, talking to me. 18 Q. Did you do -- what is a neuro check? 19 Tell me that. 20 A. It's testing nerves. 21 Q. To test cranial nerves, what do you 22 have to do? 23 A. Tongues, smile, eyes. 24 Q. Have them try to do an activity and 25 you observe their ability to perform it?</p>



<p style="text-align: right;">Page 81</p> <p>1 A. Uh-huh. 2 Q. Is that a "yes"? 3 A. Yes. 4 Q. Did you ask Mr. Ruffino to go through 5 physical motions or activities with his 6 tongue or face for the purposes of a neuro 7 check at 10:00 a.m. this day? 8 A. I talked to him. We talked about 9 everything. I didn't see a facial slur -- I 10 mean a speech slur, a facial droop. Me being 11 in the room, seeing him walk back and forth, 12 changing his clothes was enough to be -- pass 13 all of those things. 14 Q. I understand the words you're saying, 15 but I'm going to ask a similar question 16 again. 17 At 10:00 a.m., did you go through the 18 steps you would go through as a nurse to 19 perform a neuro check on a patient like 20 Mr. Ruffino, including asking him to do 21 things with his tongue or with his face, or 22 is what you documented for 10:00 a.m. on Page 23 15 based on what you observed in a non-neuro 24 check but what you thought gave you some 25 information comparable to a neuro check?</p>	<p style="text-align: right;">Page 83</p> <p>1 your legs out." 2 Q. If you did all of those things for any 3 patient in an ER on February 17, 2016, would 4 that constitute performing a neuro check? 5 A. If I did that to anyone in the ER, 6 yes, that is a neuro check. 7 Q. Did you perform that type of neuro 8 check on Mr. Ruffino around 10:00 a.m. on 9 February 17th, 2016? 10 A. I saw him walk to the bathroom. He 11 could lift his legs. I saw him swing his 12 arms. He told me his name. So those things 13 that I asked were supposed to be done were 14 done. 15 Q. Are you saying you did perform a 16 standard neuro check at 10:00 a.m., or you 17 observed things that you extrapolated to the 18 information in this note? 19 A. I'm saying I did a neuro check. 20 Q. Okay. Why did you do a neuro check at 21 10:00 a.m. of a patient you did not have an 22 order to do one for and who you did not think 23 was in the midst of a stroke? 24 A. At some point a doctor told me that he 25 thought he was having a stroke, so I back --</p>
<p style="text-align: right;">Page 82</p> <p>1 A. I documented what I saw him do. 2 Q. Okay. Did you perform a neuro check 3 of this patient at 10:00 per the standard of 4 care that applied to a nurse? 5 A. Per the standard of care by a nurse, 6 yes. 7 Q. Okay. What did you do when you 8 performed your neuro check at 10:00 a.m., 9 that complied with the standard of care? 10 A. I had him take -- talk to me. No, I 11 -- at 10:00 a.m. That was when I first saw 12 him? 13 Q. I'm just looking at your 1603 note on 14 Page 15. 15 A. I don't recall exactly. I remember 16 talking to him and him getting up and walking 17 to the restroom as soon as I came in the 18 room. 19 Q. Talk us through the steps you go 20 through when you perform a neuro check on an 21 ER patient. 22 A. "What's your name? Who's the 23 President? Where do you live? Who is this," 24 if there's a family member or friend in the 25 room. "Smile. Hold your hands out. Hold</p>	<p style="text-align: right;">Page 84</p> <p>1 went back and put in things that happened at 2 10:00. 3 Q. I understand you just told me why you 4 went and put this in there. I'm trying to 5 ask why you did a neuro check at 10:00 a.m. 6 for this patient? 7 A. Because the doctor ordered it at 1414. 8 Q. Okay. I was trying to be funny before 9 when I mentioned a time machine, but you're 10 actually making it relevant. Are you saying 11 you went back at -- to 10:00 a.m. to do a 12 neuro check after a physician ordered one 13 after 1400 hours? 14 A. I'm saying I recalled by memory what 15 happened at 10:00. 16 Q. Why did you do a neuro check on this 17 patient at 10:00 a.m.? 18 A. There was an order for it at 1414. At 19 some point, the doctor told me to do it. 20 Q. I'm smiling because we're missing each 21 other and I don't know how else to ask my 22 question. 23 A. Well, there's an order for it, so I 24 did it. 25 Q. Right. But if the order's not till</p>

Page 85

1 1400 hours, you agree that can't affect what  
2 you did at 10:00 a.m., absent a time machine?  
3 A. Uh-huh.  
4 Q. "Yes"?  
5 A. Well, I just charted what I did at  
6 10:00.  
7 Q. Right. And you did a neuro check on  
8 this patient at 10:00 a.m. that day in your  
9 ER, right?  
10 A. Yes. I -- I assume that's what would  
11 be charted, yes.  
12 Q. Well, you charted it.  
13 A. I did.  
14 Q. Okay. And you charted that it  
15 occurred at 10:00 a.m.?  
16 A. Yes.  
17 Q. Why, when it was 10:00 a.m., did you  
18 do a neuro check on this patient?  
19 A. I really think we are missing each  
20 other. I did what I did because that was  
21 ordered at such-and-such a time or the doctor  
22 told me to. I don't know what you're getting  
23 at there.  
24 Q. Are you unable to tell us why you did  
25 a neuro check on this patient at 10:00 a.m.?

Page 86

1 A. I'm telling you. It's because the  
2 doctor ordered it.  
3 Q. Four hours later.  
4 A. At 1414, yeah, or whenever he told me.  
5 Q. Do you not see the illogical issue  
6 there? It sounds like you're telling me you  
7 did something about 10:00 a.m. because  
8 someone ordered it four hours later.  
9 A. I'm telling you what I did.  
10 Q. Right. And you did a neuro check at  
11 10:00 a.m.?  
12 A. Uh-huh.  
13 Q. Is that a "yes"?  
14 A. Yes.  
15 Q. Why did you do a neuro check at  
16 10:00 a.m. on this patient?  
17 A. By memory --  
18 Q. Right.  
19 A. -- I can say what happened and that's  
20 what I did.  
21 Q. Right. Why did you do a neuro check  
22 on this patient at 10:00 a.m. that day?  
23 A. I do it on everyone.  
24 Q. Okay.  
25 A. Is that bad? I mean, I can see what's

Page 87

1 going on with people.  
2 Q. So you do neuro checks on every ER  
3 patient?  
4 A. Is that what you wanted?  
5 Q. I need to ask if you do neuro checks  
6 on every ER patient?  
7 A. If there is a neuro check ordered,  
8 then I can do it.  
9 Q. Okay. Do you do neuro checks on every  
10 ER patient?  
11 A. If there's one ordered.  
12 Q. Okay. Is a different way to answer  
13 that that you do not do neuro checks on every  
14 ER patient?  
15 A. No.  
16 Q. You don't?  
17 A. That's not a different way to ask it.  
18 Q. Okay.  
19 A. If there's an order for it, then I  
20 chart it.  
21 Q. Okay. Let's forget about what you  
22 document --  
23 A. Yes.  
24 Q. -- and forget about what's ordered.  
25 In February 2016, did you do neuro

Page 88

1 checks every 15 minutes in the first hour for  
2 every ER patient?  
3 A. I didn't document them.  
4 Q. Did you do them?  
5 A. I wasn't in the room every 15 minutes  
6 either.  
7 Q. I'll get to that.  
8 A. No.  
9 Q. What I'm trying to learn is regardless  
10 of what an order said in February 2016, did  
11 you do neuro checks every 15 minutes or so on  
12 -- in the first hour you cared for every one  
13 of your ER patients?  
14 A. I didn't chart them, but I do neuro  
15 checks on everyone. It's part of the  
16 procedure when you come to the emergency  
17 room. If they're awake, alert and oriented.  
18 If they can breath, even and unlabored; if  
19 they can move all extremities.  
20 Q. Okay. So if you told us earlier in  
21 this deposition that you don't do neuro  
22 checks every 15 minutes in the first hour if  
23 a patient is not a stroke patient and there's  
24 no such order, if you said that, is that  
25 wrong?

<p style="text-align: right;">Page 89</p> <p>1 A. That's hard to remember. Okay. Can 2 you ask it a different way? Because it was, 3 like, no and yes together there. 4 Q. If you've already told us in your 5 sworn testimony today that you would not do 6 neuro checks on an ER patient the first 15 -- 7 every 15 minutes in the first hour if they 8 were not a stroke patient and if you didn't 9 have an order to do so, is that testimony 10 false? 11 A. I'm still missing it. Okay. Can you 12 ask it a little bit at a time? 13 Q. Sure. Do you think you've been honest 14 with all your answers so far? 15 A. I have been honest. 16 Q. Do you want us to rely on your honest 17 answers so far? 18 A. I do. 19 Q. If your honest answers thus far might 20 completely contradict one another -- 21 A. Oh, God. 22 Q. -- what do you suggest anybody do? 23 A. My honest answers are attempted to be 24 just that, honest. And I can't understand 25 what you're saying sometimes because it's</p>	<p style="text-align: right;">Page 91</p> <p>1 Stroke called, correct? 2 A. Yes. 3 Q. Let's look at the neuro check you did 4 at 10:15 that's documented on Page 15. It 5 starts at the very bottom of the left column. 6 A. Fifteen? 7 Q. Yes, sir. 8 It starts at the very bottom of the 9 left column and then carries over. But do 10 you see the 10:15 neuro check you documented? 11 A. Oh, yeah, there (indicating). 12 Q. Okay. And you documented that at 13 1604, correct? 14 A. Yes, sir. 15 Q. Do you know if 1604 is after the 16 patient had been diagnosed with a stroke? 17 A. No. 18 Q. Okay. 19 A. I don't know. 20 Q. When you document in these neuro 21 checks about the status of the cranial 22 nerves, what is that information based on? 23 A. Able to talk without speech being 24 slurred. If you can move your tongue side to 25 side, that's -- your speech won't be slurred.</p>
<p style="text-align: right;">Page 90</p> <p>1 pretty long and it's, like, they're 2 different -- 3 Q. Right. 4 A. -- as far as when they come out. 5 Q. Let me try a short one, one more time. 6 A. Okay. 7 Q. Why did you do a neuro check on this 8 patient at 10:00 a.m. on February 17, 2016? 9 A. Because it was ordered. I don't know 10 what you want me to say. 11 Q. Do you agree the neuro check you did 12 at 10:00 a.m. on February 17th, per a 13 physician order, revealed completely normal 14 neurological findings? 15 A. Yes, 10:00 a.m. 16 Q. Did you have any reason to think this 17 patient had a sign or symptom of a stroke at 18 10:00 a.m.? 19 A. No. 20 Q. If you thought this patient began to 21 demonstrate signs or symptoms of a stroke 22 under your care, you would have told a 23 physician, correct? 24 A. Yes. 25 Q. Because you would have wanted a Code</p>	<p style="text-align: right;">Page 92</p> <p>1 There's a gag reflex. The pupil size. He's 2 already had his swallow screen done, so 3 there's that done. 4 Q. Do you agree that what you documented 5 for the 10:15 neuro check on Page 15 6 documents that everything you checked and 7 knew about was completely normal? 8 A. Yes. 9 Q. And you stand by that, correct? 10 A. Yes. 11 Q. Let's look at the bottom of this page. 12 Do you see a neuro check -- it starts at the 13 bottom of 15 but carries over to 16 -- where 14 at 1606, you documented a neuro check you did 15 at 10:30? 16 A. Yes, sir. 17 Q. That 10:30 neuro check that you 18 performed on this patient indicated that 19 everything you checked and knew about was 20 completely normal, correct? 21 A. Yes, sir. 22 Q. In fact, you made a comment -- 23 A. That's what it says. 24 Q. You made a comment at the end of the 25 10:30 note. And if it's in all caps, that</p>

<p style="text-align: right;">Page 93</p> <p>1 means that you typed it, correct?</p> <p>2 A. Usually, yes, sir.</p> <p>3 Q. Well, who else would be typing the</p> <p>4 comment in your 10:30 note?</p> <p>5 A. That's right, yeah. It's mine.</p> <p>6 Q. Okay. The comment says: "Patient up</p> <p>7 and ambulated to restroom. S/E gait."</p> <p>8 Do you see that?</p> <p>9 MR. CUMMINGS: And "gait" is</p> <p>10 g-a-i-t.</p> <p>11 BY MR. CUMMINGS:</p> <p>12 Q. What is S/E?</p> <p>13 A. Steady/Even.</p> <p>14 Q. So that comment you made in addition</p> <p>15 to the perfectly normal neurological findings</p> <p>16 adds how well he's doing, correct?</p> <p>17 A. Yes, sir.</p> <p>18 Q. He's walking around, going places with</p> <p>19 a steady and even gait, correct?</p> <p>20 A. Yes, sir.</p> <p>21 Q. Does this note you made to be accurate</p> <p>22 as of the patient status at 10:30 indicate he</p> <p>23 was completely neurologically normal at that</p> <p>24 time?</p> <p>25 A. Yes, sir.</p>	<p style="text-align: right;">Page 95</p> <p>1 Q. Okay. If we turn the page to Page 17</p> <p>2 -- and are you there already?</p> <p>3 A. I am, yes, sir.</p> <p>4 Q. Do you see the note you entered? It's</p> <p>5 in the left-hand column, where it's 1608, you</p> <p>6 documented about your 11:00 a.m. neuro check</p> <p>7 for the same patient?</p> <p>8 A. 1608, yes, sir.</p> <p>9 Q. Do you agree that your 11:00 neuro</p> <p>10 check for this same patient revealed that</p> <p>11 everything you checked and knew about</p> <p>12 neurologically for him was completely normal?</p> <p>13 A. Yes, sir.</p> <p>14 Q. Okay. Right below that, do you see</p> <p>15 the neuro check note you made at 1702</p> <p>16 regarding your noon neuro check for the same</p> <p>17 patient?</p> <p>18 A. Yes, sir.</p> <p>19 Q. Do you agree that everything you</p> <p>20 documented on Page 17 regarding what you</p> <p>21 found and knew about his neurological status,</p> <p>22 when you did your noon neuro check, indicates</p> <p>23 everything was completely normal?</p> <p>24 A. Yes. Everything says normal power --</p> <p>25 Q. Okay.</p>
<p style="text-align: right;">Page 94</p> <p>1 Q. Let's look at your 10:45 neuro check</p> <p>2 note. It's at the bottom of the left column</p> <p>3 on Page 16. Do you see that?</p> <p>4 A. Page 16?</p> <p>5 Q. Yes, sir, bottom left column.</p> <p>6 A. Yes.</p> <p>7 Q. This note is one you entered at 1607</p> <p>8 about your 10:45 neuro check, correct?</p> <p>9 A. Yes, sir.</p> <p>10 Q. And I want to make sure I'm not</p> <p>11 skipping something. You knew in February</p> <p>12 2016 how to do a thorough and complete neuro</p> <p>13 check, right?</p> <p>14 A. Yes, sir.</p> <p>15 Q. Got it.</p> <p>16 This note for 10:45 documents that</p> <p>17 everything you tested and knew about at 10:45</p> <p>18 for that patient neurologically was</p> <p>19 completely normal, right?</p> <p>20 A. Yes.</p> <p>21 Q. Okay. If I get to something where one</p> <p>22 of your entries showed there's an abnormality</p> <p>23 for him neurologically that you entered, will</p> <p>24 you tell me when we get to that?</p> <p>25 A. Oh, yes, sir, I'll tell you.</p>	<p style="text-align: right;">Page 96</p> <p>1 A. -- at 3 milliliters.</p> <p>2 Q. Right below where that neuro check</p> <p>3 ends, do you see the vitals you documented at</p> <p>4 12:22?</p> <p>5 A. Yes, sir.</p> <p>6 Q. If you're in the chart documenting</p> <p>7 vitals at 12:22 as they existed at 12:22, do</p> <p>8 you agree that means you had time to be in</p> <p>9 the patient's room and be in the chart at</p> <p>10 12:22 that day?</p> <p>11 A. No.</p> <p>12 Q. Why not?</p> <p>13 A. There's 20 minutes' difference. I</p> <p>14 mean, we could get 20 new patients in 22</p> <p>15 minutes. I mean, it's pretty important to</p> <p>16 get those other ones taken care of,</p> <p>17 especially while --</p> <p>18 MR. CARTER: You've missed each</p> <p>19 other again.</p> <p>20 THE WITNESS: Oh, did I?</p> <p>21 MR. CARTER: Yeah.</p> <p>22 THE WITNESS: I thought he meant</p> <p>23 from -- if I was in the chart at 12:00 -- if</p> <p>24 I was in the room at 12:00, why didn't I</p> <p>25 document it till 12:22?</p>

Page 97

1 MR. CARTER: Well, he may have  
2 been getting there, but all he wants to know  
3 is if you -- at 12:22, you documented  
4 something that happened at 12:22, do you  
5 agree that you had some time to make some  
6 documentation at 12:22?  
7 THE WITNESS: Yeah. I'm there.  
8 MR. CARTER: Okay.  
9 BY MR. CUMMINGS:  
10 Q. And what was more important to  
11 document at 12:22: Vital signs you knew  
12 about or a neuro check you knew about?  
13 A. They're -- I don't really -- if I -- I  
14 don't know.  
15 Q. Okay. Do you agree that the vital  
16 signs you documented at 12:22 were very  
17 timely documented?  
18 A. They happened, yeah, the same time.  
19 Q. Okay. And if we go down that column  
20 to the information about the IV you  
21 documented, do you see that?  
22 A. Yes, sir.  
23 Q. You documented at 12:23 what the  
24 status was of the IV a minute earlier. Do  
25 you see that?

Page 98

1 A. Time IV started 10:30.  
2 What was your question again?  
3 Q. Do you agree that at 12:23, per this  
4 entry on Page 17 --  
5 A. Uh-huh.  
6 Q. -- you documented the status of the IV  
7 as it existed at 12:22?  
8 A. Sure, I guess. Yeah. I don't recall  
9 if he already had an IV or if I started that.  
10 It looks like I started -- Tony. Yeah, I  
11 started it.  
12 Q. From looking -- we went through a  
13 bunch of your neuro checks, and we can go  
14 back to look at the noon one, but do you  
15 agree from looking at your notes about the  
16 neuro checks you did on that patient, that  
17 he, as of noon that day under your ongoing  
18 watch, was completely neurologically normal?  
19 A. Yes, sir.  
20 Q. Okay. If you'd turn to Page 18 --  
21 A. Yes, sir.  
22 Q. -- and look at the right-hand column.  
23 A. Uh-huh.  
24 Q. Do you see the neurological check  
25 documented by you at 1703, but to reference

Page 99

1 the check you did at 1300 hours or 1:00 p.m.?  
2 A. Yes, "slurred speech." I see what  
3 you're talking about right there.  
4 Q. Right. And this is about what existed  
5 at 1:00 p.m. or 1300 hours, correct?  
6 A. Yes, sir.  
7 Q. And at this point, Mr. Ruffino, when  
8 you did your neuro check at that time, had  
9 slurred speech, correct?  
10 A. Yes, sir.  
11 Q. And you can tell from your notes that  
12 was a new neurologic finding compared to  
13 noon, right?  
14 A. Yes, sir.  
15 Q. Because if you put "normal" at noon  
16 and "slurred speech" at 1300, that's a  
17 change, right?  
18 A. Yes, sir.  
19 Q. Change for the worse?  
20 A. If you have slurred speech, it is  
21 different definitely.  
22 Q. Okay. If somebody goes from normal  
23 speech to slurred speech, have you ever  
24 considered that an improvement?  
25 A. Never.

Page 100

1 Q. Have you ever considered that no  
2 change?  
3 A. No.  
4 Q. If someone goes from normal speech to  
5 slurred speech, do you agree that's a change  
6 for the worse?  
7 A. Yes. The -- okay. Sorry.  
8 Q. And when you think of the neuro checks  
9 we looked at that you documented that day at  
10 10:00, 10:15, 10:30, 10:45, 11:00, noon and  
11 then 1:00 p.m., can we agree that your  
12 1:00 p.m. neuro check was the first time you  
13 noticed any neurologic abnormality?  
14 A. Yes, sir.  
15 Q. And you stand by your 13- -- your  
16 documentation about the 1300 neuro check as  
17 well, right?  
18 A. I don't -- I don't think I told  
19 anybody this, but some things happen --  
20 Q. Yeah.  
21 A. -- you know and click in your head.  
22 And I don't know if I could say it --  
23 THE WITNESS: Can I?  
24 MR. CARTER: If it's the truth. I  
25 mean --



Page 101

1 THE WITNESS: It's the truth.  
2 MR. CARTER: -- I'm a little  
3 nervous right now, but....  
4 THE WITNESS: I think that's what  
5 happened. When -- I remember Dr. Raad coming  
6 by to me and saying something about his  
7 speech, and I had -- it was -- it was very  
8 subtle. I remember it being very subtle.  
9 Because I noticed it. When he came out of  
10 the room, he noticed it. And I think we  
11 talk- -- I'm almost positive we talked about  
12 it right then. That's -- that's when I  
13 charted that.  
14 BY MR. CUMMINGS:  
15 Q. Do you think that Dr. Raad's  
16 interaction you referenced and when you first  
17 noticed anything but normal speech in  
18 Mr. Ruffino was around 1300 hours --  
19 A. Yes.  
20 Q. -- on February 17th?  
21 A. Yes.  
22 Q. And that's --  
23 A. That's correct.  
24 Q. -- consistent with your serial --  
25 MR. CUMMINGS: S-e-r-i-a-l.

Page 102

1 BY MR. CUMMINGS:  
2 Q. -- documentation, correct?  
3 A. Yes.  
4 Q. Please turn to Page 19. And when  
5 you're there, look at the left-hand column  
6 where you documented a neuro check you did  
7 at --  
8 A. That's --  
9 Q. -- 2:00 p.m., right?  
10 A. That's -- yes.  
11 Q. Okay.  
12 A. I remember now.  
13 Q. Tell me what you remember now.  
14 A. It wasn't -- it wasn't slurred speech.  
15 Q. Okay.  
16 A. It was stopping talking. He would  
17 talk and then he would stop. And that's what  
18 Dr. Raad and I were talking about.  
19 Q. Okay. So when your 1400 neuro check  
20 documentation references "expressive  
21 aphasia" --  
22 A. Uh-huh.  
23 Q. -- even though the words are different  
24 from your 1300 note, is it the same speech  
25 abnormality?

Page 103

1 A. Yes, sir.  
2 Q. Okay.  
3 A. It is.  
4 Q. And that's the speech abnormality that  
5 did not exist at 10:00, 10:15, 10:30, 11:00  
6 or 12:00?  
7 A. That's correct.  
8 Q. And if he had speech abnormalities  
9 before noon, you're confident you would have  
10 recognized it all the times you did your  
11 neuro checks, right?  
12 A. Yes, sir.  
13 Q. Okay. Do you have any memory of  
14 Mr. Ruffino having any neurologic abnormality  
15 under your care before 1:00 p.m. on  
16 February 17th?  
17 A. No, sir.  
18 Q. And if you had noticed any such thing,  
19 you would have documented it, correct?  
20 A. Yes, sir.  
21 Q. Even if you made the note hours  
22 later --  
23 A. Yes, sir.  
24 Q. -- you would have documented it?  
25 A. Yes, sir.

Page 104

1 Q. And when you do document or did  
2 document hours later, you would do so based  
3 on notes you made from around the time of the  
4 events in question, right?  
5 A. Yes, sir.  
6 Q. And so those notes -- those notes,  
7 from your experience, would be accurate,  
8 right?  
9 A. Yes.  
10 Q. Okay. So the notes you make hours  
11 later aren't simply based on memories you  
12 had; you had notes that you handwrote --  
13 A. Yes.  
14 Q. -- to turn into the formal typed  
15 notes, correct?  
16 A. Yes.  
17 Q. And then once you made the formal  
18 typed notes, what happened to the handwritten  
19 notes?  
20 A. You just throw them away.  
21 Q. Correct. Including so someone can't  
22 see patient information inappropriately,  
23 right?  
24 A. Yes.  
25 Q. Because at that point, you've already

Page 129

1 from 10:00 a.m. to noon, did you tell him  
2 that because you thought it had some  
3 relevance?  
4 A. Yes.  
5 Q. Were you leaving it up to Dr. Archer  
6 to decide what to do with that information as  
7 the physician?  
8 A. Yes.  
9 Q. If you had ever thought Mr. Ruffino  
10 had chest pain during your involvement, would  
11 you have documented it?  
12 A. Yes.  
13 Q. Those are all of my questions.  
14 Thank you.  
15 A. You're welcome.  
16 EXAMINATION  
17 BY MR. WITT:  
18 Q. Mr. Bromley, my name is Bryant Witt,  
19 and I believe we met just a little bit  
20 earlier today for the first time; is that  
21 right?  
22 A. Yes, sir.  
23 Q. Okay. I have just maybe one or two  
24 questions for you, just to make sure I  
25 understand your testimony.


Page 130

1 Is it your understanding that  
2 dizziness can be an abnormal neurological  
3 finding?  
4 A. Dizziness can be an abnormal  
5 neurological finding, yes.  
6 Q. I don't have any other questions.  
7 MR. CARTER: I don't have any  
8 questions. We will read and sign.  
9 MR. CUMMINGS: I'm following up on  
10 Mr. Witt's question.  
11 MR. CARTER: Okay. Go ahead.  
12 EXAMINATION  
13 BY MR. CUMMINGS:  
14 Q. Nurse Bromley, if you had ever wanted  
15 to document that you thought this patient had  
16 dizziness under your care, you could have  
17 typed in those -- that word in either the  
18 Emergency Notes or somewhere else in all  
19 caps, correct?  
20 A. Yes, I could have typed it in.  
21 Q. And you did not see any entries by  
22 you, at least the ones we looked at, where  
23 you typed in that you thought this patient  
24 had dizziness during your involvement,  
25 correct?

Page 131

1 A. Yes.  
2 Q. That's all I have.  
3 Thank you.  
4 MR. CARTER: I still have no  
5 questions. We will read and sign.  
6 MR. WITT: I'm done.  
7 THE COURT REPORTER: Are both of  
8 you going to order a copy?  
9 MR. CARTER: I will.  
10 MR. WITT: Yes.  
11 FURTHER DEPONENT SAITH NOT.  
12 (Proceedings concluded at  
13 11:45 a.m.)  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

Page 132

1 REPORTER'S CERTIFICATE  
2 I certify that the witness in the  
3 foregoing deposition, ROBERT BROMLEY, RN, was  
4 by me duly sworn to testify in the within  
5 entitled cause; that the said deposition was  
6 taken at the time and place therein named;  
7 that the testimony of said witness was  
8 reported by me, a Shorthand Reporter and  
9 Notary Public of the State of Tennessee  
10 authorized to administer oaths and  
11 affirmations, and said testimony, Pages 5  
12 through 131 was thereafter transcribed into  
13 typewriting.  
14 I further certify that I am not of  
15 counsel or attorney for either or any of the  
16 parties to said deposition, nor in any way  
17 interested in the outcome of the cause named  
18 in said deposition.  
19 IN WITNESS WHE   
20 set my hand this 6th d  
21  
22  
23  
24  
25

Carissa L. Boone, LCR No. 382  
My License Expires: 6/30/2018